

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

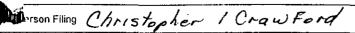


READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 12644	2. Fiscal Year Covered From:	
	1/1/2004 Through: 12/31/2004	
3. Name and address of person filing.	4. Name, file number, and address of labor organization.	
Name Christopher 1 CrawFord	Name BAC LOCAL # 9	
	Labor Organization File Number 537 - 376	
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any	
Street 10807 Lockewood	Street 3321 Reny Or	
City Lowell	City Lansing State M1 ZIP Code + 4 489.06	
State 11 ZIP Code + 4 49331	State M1 , ZIP Code + 4 489.06	
5. Position in labor organization. Field Rep.		
6. Name and address of Employer (including trade name, if any). Name	7.a. Nature of Interest, Transaction, or Income.	
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any	7.b. Amount.	
Street	7.5.7 WINDUIL	
City		
State ZIP Code + 4		
Signature		

Date

Telephone Number



ZIF Code + 4

or Consultant

?

File Number U-

substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is activ (2) any part of which consists of buying from or selling or leasing directly or indicating with your labor organization or with a trust in which your labor organization.	vise dealing with the business vely seeking to represent, or irectly to, or otherwise
8. Name and address of Business (including trade name, if any). Name Michigan Bac Health care Fund Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 6525 Centurion Orive. City Lansing State MI ZIP Code +4 48917-2275	9. Business deals with: a. Labor Organization b. Trust c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Michigan BAC Health Care Tund Trade Name, if any: P.O. Box, Bldg., Room No., if any	11.a. Nature of such dealing. arfare & Hotel expence
Street 6525 Centurion Drive City Lansing State M1 ZIP Code + 4 48917-9275	11.b. Approximate dollar value of such dealing. 4571.53 12.a. Nature of interest held or income received.
C. Received from any employer (other than an employer covered unde	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any:	14.a. Nature of payment.
P.O. Box, Bldg., Room No., if any Street	

14.b. Amount of payment.

13.b. Is the Business an Employer

City

State

August 12, 2005

are in make

I, <u>Christopher</u> (<u>CrawFord</u>), may have received something of value from a fund vendor in 2004, however, due to the late notification for LM-30 reporting, my records may not be completely accurate.

Christophes I Campord